



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 3084

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/751,579	01/05/2004 RULE	606	3734	2517DIV2CON (203-3449DIV2)		
<b>APPLICANTS</b> Helmut Kayan, Redwood City, CA; James E. Jervis, Atherton, CA; <b>** CONTINUING DATA *****</b> This application is a CON of 09/689,208 10/11/2000 PAT 6,673,083 which is a DIV of 09/450,921 11/29/99 (*) Data provided by applicant is not consistent with PTO record PAT 6,685,854 /VN/ <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> [VN] 04/09/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and / Nguyen Victor / Acknowledged / Examiner's signature /		<input type="checkbox"/> Met after Allowance VN Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 15	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Covidien 60 Middletown Avenue North Haven, CT 06473 UNITED STATES						
<b>TITLE</b> BLOOD VESSEL CLIP AND APPLICATOR						
<b>FILING FEE RECEIVED</b> 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		